



Under provisions of the Missouri Surplus Lines Law, Chapter 384, RSMo as amended, this report is for the twelve (12) month period ending December 31, _____, for the insurance placed in companies not admitted to do business in the State of Missouri.

ALL FIELDS REQUIRED FOR ACCEPTANCE.

PRODUCER NAME (LAST, FIRST, MIDDLE)	SL NUMBER
PRODUCER RESIDENTIAL ADDRESS (STREET)	
CITY, STATE, ZIP	CONTACT NAME
AGENCY NAME	CONTACT TELEPHONE NUMBER
AGENCY ADDRESS (STREET)	CONTACT EMAIL ADDRESS
CITY, STATE, ZIP	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

SURPLUS LINES PRODUCER'S SIGNATURE	DATE
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Mail copy of this form and payment before April 16th

To: Missouri Department of Revenue
PO Box 898
Jefferson City, MO 65105-0898